

Perinatal COVID-19 Case Report Form

Thank you for participating in this National Registry! The information that we hope to gather is intended to be useful in real time to the entire neonatal community.

Please make sure that you have complete and accurate data on each mother/infant dyad before you begin the case report form entry process. You will not be able to edit these data in the future.

Please make sure that all of your responses are informed by the study Data Dictionary.

If you encounter any difficulties, please contact Mark Hudak at mark.hudak@jax.ufl.edu and describe your problem.

Is this an Inborn child?

☐ Yes ☐ No

Case definitions of the mother/infant dyads

For inborn infants (born at your reporting institution):

A pregnant woman (1) who is known to have had virologic testing positive for SARS-CoV-2 within 14 days prior to delivery or (2) who is admitted as a PUI and whose peri-delivery testing obtained through 72 hours after delivery is reported to be positive for SARS-CoV-2; and her infant(s).

Case definitions of the mother/infant dyads

For outborn infants (born at a referring hospital and transferred to your institution):

A mother who is known to have had virologic testing positive for SARS-CoV-2 obtained within 14 days prior to through 72 hours after delivery at an outside hospital; and her infant(s) who is (are) transported to your hospital for a higher level of care.

MATERNAL

Age of mother:

Gravidity:

Race of mother:

- ☐ Black or African American
☐ White
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Other

Ethnicity of mother:

- ☐ Hispanic
☐ Non-Hispanic

COVID-19 status at delivery:

- ☐ Confirmed COVID-19
☐ PUI (Person Under Investigation)

Interval (days) between date of admission for delivery and date of neonatal birth:

(* If infant outborn and data unavailable, please leave blank.)

Interval (days) between first positive maternal test for SARS-CoV-2 and date of birth
(Positive number if first positive test was collected before birth; negative number if first positive test was collected after birth) :

(* If infant outborn and data unavailable, please leave blank.)

Duration of maternal hospitalization (days):

(* If infant outborn and data unavailable, please leave blank.)

Final maternal disposition status:

- ☐ Discharged home
☐ Transferred to other facility
☐ Expired (provide reason below)

Cause of maternal death:

- ☐ Related to COVID-19
☐ Not related to COVID-19
☐ Unknown

Indication for which mother was tested (choose all that apply):

- ☐ URI symptoms: cough, nasal congestion, sinus congestion, sore throat
- ☐ LRI symptoms: respiratory distress, cough, wheezing
- ☐ Fever
- ☐ GI symptoms: vomiting, diarrhea, nausea
- ☐ Myalgia and fatigue
- ☐ Anosmia/ageusia
- ☐ Contact with SARS-CoV-2 case
- ☐ Travel
- ☐ Unknown
- ☐ Other (provide below)
- ☐ Per policy to test all pregnant women admitted to labor & delivery

Other reasons mother was tested: _____

Maternal condition before admission for delivery:

- ☐ Asymptomatic
- ☐ Sick at home
- ☐ Required hospitalization for SARS-CoV-2 before delivery (anytime within 14 days prior to delivery)
- ☐ Unknown - Child was outborn

Sick at home with:

- ☐ URI symptoms: cough, nasal congestion, sinus congestion, sore throat
- ☐ LRI symptoms: respiratory distress, cough, wheezing
- ☐ Fever
- ☐ GI symptoms: vomiting, diarrhea, nausea
- ☐ Myalgia and fatigue
- ☐ Anosmia/ageusia
- ☐ Other (provide below)

Other sick at home reason: _____

Required hospitalization for SARS-CoV-2 before delivery (admitted and not discharged before delivery) for (choose all that apply):

- ☐ IV fluids
- ☐ Supplemental O2
- ☐ CPAP
- ☐ Mechanical ventilation
- ☐ ECMO
- ☐ Other (provide below)

Other reason for requiring hospitalization for SARS-CoV-2: _____

Days of illness before delivery (number): _____

(* If infant outborn and data unavailable, please leave blank.)

Labor (choose one):

- ☐ Spontaneous
☐ Augmented
☐ Induced
☐ None

Route of delivery:

- ☐ Vaginal
☐ C-section

If labor was augmented or induced OR delivery was by c-section, what was (were) the indication(s)? (choose all that apply):

Maternal indications (choose all that apply):

- ☐ Post dates
☐ Preeclampsia
☐ Arrest of descent
☐ Abruptio
☐ Chorioamnionitis
☐ Concern about worsening maternal condition due to COVID-19 infection should pregnancy continue
☐ Other:

Other maternal indications:

Fetal indications (choose all that apply):

- ☐ Severe intrauterine growth restriction
☐ Fetal distress
☐ Hydrops fetalis
☐ Malpresentation
☐ Other (provide below)

Other fetal indications:

Rapture of membranes:

- ☐ Spontaneous
☐ Artificial

Duration of ROM (hours):

Did mother have negative SARS-CoV-2 testing after the positive test?

- ☐ Yes
☐ No
☐ Unknown

Days from delivery that mother was tested and negative: _____

Please choose one of the following options:

- ☐ No further testing was done after delivery
☐ Repeat testing after delivery remained positive

Did mother receive betamethasone before delivery?

- ☐ Yes
☐ No
☐ Unknown

Did mother receive specific treatment for SARS-CoV-2?

- ☐ Yes
☐ No
☐ Unknown

If yes, which medication(s) did mother receive (choose all that apply):

- ☐ Chloroquine
☐ Hydroxychloroquine
☐ Remdesivir
☐ Ritonavir
☐ Favipiravir
☐ Lopinavir
☐ Other (provide below)

Other medication(s) mother received: _____

NEWBORN

Gestational age at birth (to nearest completed week): _____

Birth weight (g): _____

Sex:

- ☐ Male
☐ Female

Apgar at 5 minutes: _____

Status at birth:

- ☐ Liveborn
☐ Stillborn
☐ Death in delivery room

Birth multiplicity:

- ☐ Single
☐ Twin A
☐ Twin B
☐ Higher order (triplet, etc)

Resuscitation at birth (check all that apply):

- ☐ Drying and stimulation only
☐ Oxygen
☐ Positive pressure (CPAP or mask ventilation)
☐ Intubation
☐ Chest compressions
☐ Epinephrine
☐ Volume expansion

Were mother and infant separated at your hospital at birth (if inborn)
or was mother not given visitation rights until she was virologically cleared (if outborn)?

- ☐ Yes
☐ No
☐ Unknown

Was the infant isolated in your hospital (choose all that apply)?

- ☐ Yes - Contact and Droplet Precautions Only (gown, gloves, surgical mask and face/eye shield)
☐ Yes - Contact, Droplet, and Airborne Precautions (gown, gloves, N95 mask and face/eye shield)
☐ Yes - Contact, Droplet, and Airborne Precautions (gown, gloves, N95 mask and face/eye shield) AND a negative pressure room
☐ Yes - other (provide below)
☐ No
☐ Unknown

Other Isolation method:

What were the locations at which the infant was cared for at your hospital (choose all that apply):

- ☐ Neonatal intensive care setting
☐ Nursery setting separate from mother
☐ Room-in with mother
☐ Negative pressure isolation room
☐ Regular isolation room
☐ Other (provide below)

Please provide other care location(s):

Duration of neonatal hospitalization at your hospital (days): _____

Final disposition status (choose one):

- ☐ Discharge home
☐ Transferred to other facility
☐ Expired (provide reason below)

Cause of newborn death:

- ☐ Related to COVID-19
☐ Not related to COVID-19 (provide reason below)
☐ Unknown

Other reason for newborn death:

Primary reason for neonatal transfer to your hospital:
(* Please select N/A if child was Inborn)

- ☐ Clinical illness presumed related to COVID-19 infection
☐ Other clinical illness not presumed related to COVID-19 infection
☐ No clinical illness; transport due to maternal COVID-19 diagnosis
☐ N/A (Infant was Inborn)

Neonatal signs during hospitalization (choose all that apply):

- ☐ None
☐ Fever (> 37.8 C)
☐ Cough
☐ Vomiting/diarrhea
☐ Respiratory distress diagnosis (provide below)
☐ Hypotonia

Respiratory distress diagnosis:

Maximum level of respiratory support during hospitalization (select one):

- ☐ None
☐ Supplemental oxygen
☐ CPAP
☐ Mechanical ventilation
☐ ECMO

Other diagnoses (choose all that apply):

- ☐ None
- ☐ Delayed transition
- ☐ Surfactant deficiency
- ☐ Pulmonary hypertension
- ☐ Hypotension
- ☐ Hypoglycemia
- ☐ Hypothermia
- ☐ Culture-confirmed bacterial sepsis (organism) (provide below)
- ☐ Microcephaly
- ☐ Encephalopathy
- ☐ Congenital anomalies (provide below)
- ☐ Other (provide below)

Please provide the culture-confirmed bacterial sepsis organism: _____

Please provide the congenital anomalies: _____

Please provide the other diagnosis: _____

Other administered neonatal intensive care (choose all that apply):

- ☐ None
- ☐ Antibiotics
- ☐ Antivirals (provide below)
- ☐ Intravenous fluids
- ☐ Inhaled nitric oxide or prostacyclin
- ☐ Pressors (provide below)
- ☐ Surfactant
- ☐ Hydrocortisone
- ☐ Dexamethasone
- ☐ Therapeutic hypothermia
- ☐ ECMO
- ☐ Other (provide below)

Antivirals administered: _____

Pressors administered (choose all that apply):

- ☐ Dopamine
- ☐ Dobutamine
- ☐ Epinephrine

Other intensive care administered: _____

Laboratory findings from birth to day 7 (choose all recorded):

- ☐ Lowest white count
☐ Lowest neutrophil count
☐ Lowest lymphocyte count
☐ Lowest hemoglobin
☐ Highest AST
☐ Highest ALT
☐ Highest CRP

Table - SHZ - Lab - Lowest White Count

Lowest White Count Value

Lowest White Count Day

Table - SHZ - Lab - Lowest Neutrophil Count

Lowest Neutrophil Count Value

Lowest Neutrophil Day

Table - SHZ - Lab - Lowest Lymphocyte Count

Lowest Lymphocyte Count Value

Lowest Lymphocyte Day

Table - SHZ - Lab - Lowest Hemoglobin

Lowest Hemoglobin Count Value

Lowest Hemoglobin Day

Table - SHZ - Lab - Highest AST Count

Highest AST Count Value

Highest AST Day

Table - SHZ - Lab - Highest ALT

Highest ALT Count Value

Highest ALT Day

Table - SHZ - Lab - Highest CRP

Highest CRP Count Value

Highest CRP Day

Did newborn have SARS-CoV-2 testing during first 14 days of life?

- ☐ Yes
☐ No

If yes, check all days and specimen that were tested and were positive:

Newborn SARS-CoV-2 Test Results

Amniotic fluid test result:

- ☐ Not Completed ☐ Positive
☐ Negative

Placenta test result:

- ☐ Not Completed ☐ Positive
☐ Negative

Gastric aspirate test result:

- ☐ Not Completed ☐ Positive
☐ Negative

Breastmilk test result:

- ☐ Not Completed ☐ Positive
☐ Negative
-

Was newborn admitted to a higher level of care (e.g., NICU) than a newborn nursery or general hospital ward (for boarding care)?

- ☐ Yes
☐ No

Did mother provide breast milk (choose all that apply)?

- ☐ Yes - direct nursing by mother
☐ Yes - expressed maternal milk fed by mother
☐ Yes - expressed maternal milk fed by another caregiver
☐ Yes - donor milk
☐ No
☐ Unknown

If infant received mother's own milk, either by direct breast feeding or by expression, what was the viral testing status of the mother at that time:

- ☐ Positive
☐ Pending
☐ Negative
☐ Not tested
☐ Unknown

Discharge medications:

- ☐ None
☐ Yes

Discharge medications list:

Email address of the member of the study team submitting these data: _____

Assign sequenced tracking number (e.g., 1, 2, 3, 4 etc. in order of submission): _____

Throat Test Day 0

- ☐ Positive
☐ Negative

Nasopharynx Test Day 0

- ☐ Positive
☐ Negative

Rectal Test Day 0

- ☐ Positive
☐ Negative

Throat Test Day 1

- ☐ Positive
☐ Negative

Nasopharynx Test Day 1

- ☐ Positive
☐ Negative

Rectal Test Day 1

- ☐ Positive
☐ Negative

Throat Test Day 2

- ☐ Positive
☐ Negative

Nasopharynx Test Day 2

- ☐ Positive
☐ Negative

Rectal Test Day 2

- ☐ Positive
☐ Negative

Throat Test Day 3

- ☐ Positive
☐ Negative

Nasopharynx Test Day 3	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 3	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 4	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 4	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 4	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 5	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 5	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 5	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 6	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 6	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 6	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 7	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 7	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 7	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 8	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 8	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 8	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 9	<input type="radio"/> Positive <input type="radio"/> Negative

Nasopharynx Test Day 9	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 9	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 10	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 10	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 10	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 11	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 11	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 11	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 12	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 12	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 12	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 13	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 13	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 13	<input type="radio"/> Positive <input type="radio"/> Negative
Throat Test Day 14	<input type="radio"/> Positive <input type="radio"/> Negative
Nasopharynx Test Day 14	<input type="radio"/> Positive <input type="radio"/> Negative
Rectal Test Day 14	<input type="radio"/> Positive <input type="radio"/> Negative